ENTRY BLANK
PLEASE TYPE OR PRINT Entered previous May Show
yes □ no
☐ Ms.  Mr. Artist <u>FLORIAN</u> K. LAWTON
(Last Name Last)
Permanent 2/0/ //// / ////
Adress Street City
Street SHAKER HEIGHTS
44/22 Tel.() 92/-32/9
Zip Area Code
Temporary or Studio Address SAME
Studio Address City
<u>H4/22</u> Tel. ( ) 92/-32/9 Zip Area Code
If you do not presently live in one of the counties of the
Western Reserve, which county were you born in?
Collaborator(If Any)
If May Show entries are not accepted or not sold:
Artist will pick up at Museum.
☐ Museum should dispose of.
☐ Museum should ship to artist C.O.D. at this address:
Special Instructions  When recovery include below instructions or a drawing of box
When necessary include below instructions or a drawing of how the object is to be assembled and displayed.
This entry blank must be fully made out and signed. Unsigned
entry blanks will not be accepted.
Note carefully calendar for delivery and return of objects. It is
understood that the Museum will have the right to dispose for
its own account any objects not called for by the dates listed.
It is also understood that accepted objects will remain on exhibition until August 21, 1977.
The submission of objects will be construed as acceptance of all
conditions printed in the entry information.
Signature /tlonsum / Lawlon

ACCEPTED DO NOT WRITE IN ACCEPTED RECEIVED THIS SECTION

REJECTED DATE

1977 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

Accepted Objects: August 26-27, 29 through September 2 Dates for Pick-up of Objects Rejected Objects: June 20 through 25

FLORIAN K. LANTON

Name

3686 LYTLE ROAD

Address

SHAKER HEIGHTS, OHIO 44172 City & State Zip

Filman K. Lawlodo NOT DETACH	>
NOTIFICATION CARD #2 Sf 8/27/77	
1	
"AFTERNOON SUN	
DO NOT WRITE IN THIS SECTION ACCEPTED REJECTE	D
2	
"NO TRESPASS ING"	
DO NOT WRITE IN THIS SECTION ACCEPTED REJECTE	D
	10-10
This is your only receipt to claim your object(s).	
It is understood that the Museum will have the right to dispose	

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